

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties


Part I: Ownership Structure						
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.						
Name Trevor Reed	Title President	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address [REDACTED]	City Bernalillo	State NM	ZIP 87004	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]		
Name Darren White	Title Security Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address [REDACTED]	City Albuquerque	State NM	ZIP 87111	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]		
Name Brian Stofac	Title Partner	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address [REDACTED]	City Albuquerque	State NM	ZIP 87122	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]		
Name Ryan Gomez	Title Chief Operating Officer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address [REDACTED]	City Albuquerque	State NM	ZIP 87114	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant 20		
Name Robert Jason Bowles	Title Legal Compliance	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address [REDACTED]	City Albuquerque	State NM	ZIP 87110	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City	State	ZIP	Phone Number ()		

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest


 Authorized Signatory

4/24/2017
 Date

Darren White
 Printed Name